

COMMERCIAL CORRIDORS FACADE IMPROVEMENT PROGRAM



APPLICATION

IN ORDER TO BE ELIGIBLE FOR FUNDING, THIS APPLICATION AND ALL ADDITIONAL DOCUMENTS MUST BE SUBMITTED AND APPROVED BY THE FIP COMMITTEE PRIOR TO COMMENCEMENT OF WORK.

RETURN COMPLETED APPLICATION TO:

City of Greenville
Economic Development
Attn: Tracy Ramseur
P.O. Box 2207
Greenville, SC 29602

Program Coordinator:
Tracy D. Ramseur, *Development Coordinator*
EMAIL: tramseur@greenvillesc.gov
PHONE: (864) 467.4404

APPLICANT INFORMATION:

Applicant(s) Name: _____

Applicant(s) Mailing Address: _____

Phone Number: _____ Email Address: _____

What is your legal interest in the property? ☐ Property Owner ☐ Tenant ☐ Other: _____

If applicant is not a legal property owner, please complete the following:

Property Owner(s) Name: _____

Property Owner(s) Mailing Address: _____

Phone Number: _____ Email Address: _____

If property owner is a business entity, please complete the following:

Form of ownership: ☐ Proprietor ☐ Partnership ☐ Corporation (State: _____)

Owner Name(s)

Title

% Ownership

Owner Name(s)	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Contact Name/Title: _____

Phone Number: _____ Email Address: _____

PROPERTY INFORMATION:

Property Address: _____

Tax Parcel ID Number(s): _____

Property Zoning Classification: _____

Description of Property: _____

OCCUPANCY INFORMATION:**Please provide the following information for ALL current business occupants:**

Business Name	Owner/Manager Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT DESCRIPTION: *(Please provide as much detail as possible.)*

1. Proposed **facade** improvements: _____

2. Anticipated start date: ____/____/____ Anticipated completion date: ____/____/____

3. Anticipated total cost of **entire project** (including all improvements): \$_____

4. Anticipated total cost of **facade** improvements: \$_____

5. Additional comments: _____

ADDITIONAL REQUIREMENTS:

Please submit the following with completed application:

- I. PHOTOGRAPHS OF EXISTING FACADE**
- II. PLANS AND/OR ELEVATIONS OF PROPOSED IMPROVEMENTS**
- III. LIST OF MATERIALS TO BE USED**
- IV. DETAILED COST ESTIMATES/BIDS FOR PROPOSED IMPROVEMENTS**
- V. If applicant is property owner: PROOF OF PROPERTY OWNERSHIP**
OR if applicant is not property owner: PROPERTY OWNER CONSENT FORM

I/We certify that all information provided in, or attached to, this application is true and correct, and I/we authorize the City of Greenville and the Facade Improvement Committee to make any enquiries necessary in order to verify the accuracy of same; or to confirm that all invoices submitted hereunder have, or will, be paid. I/We agree to hold the City of Greenville harmless for any charges, damages, claims or liens arising out of our participation in the Facade Improvement Program.

WITNESS my hand and seal this the _____ day of _____, 2013.

WITNESSES

APPLICANT

Name/Title

Signature

WITNESSES

APPLICANT

Name/Title

Signature

THIS PART TO BE COMPLETED BY CITY OF GREENVILLE

1. Staff Contact: Tracy D. Ramseur, *Economic Development* Phone Number: (864) 467-4404

2. Completed application and all additional documents received on: ____/____/____

3. Application reviewed by Facade Improvement Committee on: ____/____/____

Decision: ☐ Approved ☐ Approved with changes ☐ Disapproved

Reviewed by: _____

Comments: _____

4. Improvements completed and reported to City staff, with all invoices, on: ____/____/____

5. Improvements and invoices reviewed by Facade Improvement Committee on: ____/____/____

Reviewed by: _____

Comments: _____

6. Reimbursement decision by Facade Improvement Committee rendered on: ____/____/____

Decision: ☐ Approved ☐ Approved with changes ☐ Disapproved

Approved reimbursement: \$ _____ Check issued on: ____/____/____

Comments: _____

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PROPERTY OWNER CONSENT FORM

The undersigned owner of the existing building located at:

_____ (ADDRESS) certifies that _____ (APPLICANT) operates or intends to operate a business at the above location. The undersigned agrees to permit APPLICANT and his contractors or agents to implement improvements listed on the City of Greenville, Facade Improvement Program application (APPLICATION) dated: _____.

The undersigned hereby waives any claim against the City of Greenville (CITY) arising out of the use of said program funds for the purposes set forth in the APPLICATION. The undersigned agrees to hold the CITY harmless for any charges, damages, claims or liens arising out of the APPLICANT's participation in the Facade Improvement Program.

WITNESS my hand and seal this the _____ day of _____, 2013.

WITNESSES

OWNER

Name/Title

Signature

WITNESSES

OWNER

Name/Title

Signature